



# Member Enrollment and Authorization Form

Return completed enrollment form to the Lutheran congregation benefiting from your giving.

Complete this section for ALL ENROLLMENTS (Please print in black ink)

<b>Check the appropriate box:</b> <input type="checkbox"/> New enrollment/authorization * <input type="checkbox"/> Change in bank account * <input type="checkbox"/> Change in authorized amount	Last Name		First Name	M.I.
	Mailing Address			
	City	State	Zip	
	Home Telephone #		Work Telephone #	

## CONGREGATION DONATIONS

Congregation Name:	Street Address:
City:	State:
	Zip:
<b>Church Fund Designations:</b> General/Operating \$ _____ Building \$ _____ _____ \$ _____ _____ \$ _____ <b>TOTAL DONATION AMOUNT</b> \$ _____ (minimum \$5)	<b>Frequency of Donation:</b> (Please check only one) <input type="checkbox"/> Weekly on Monday <input type="checkbox"/> Weekly on Friday <input type="checkbox"/> Semi-monthly (transferred on 1 <sup>st</sup> and 15 <sup>th</sup> of each month) <input type="checkbox"/> Monthly on the 1 <sup>st</sup> <input type="checkbox"/> Monthly on the 15 <sup>th</sup> Date of First Donation _____
<b>Note:</b> The total amount will be transferred based on the frequency selected.	

## Complete this section if you want donations to come from your CHECKING OR SAVINGS ACCOUNT

Donations should be taken from: <input type="checkbox"/> Checking (attach a voided check) <input type="checkbox"/> Savings (attach a savings deposit slip)	<b>REQUIRED:</b> I authorize Thrivent Financial for Lutherans and Vanco Services, LLC to automatically withdraw donations from my account. I have attached a voided check or savings deposit slip. This authority will remain in effect until I give reasonable notification to terminate the authorization.
Routing Number _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i>	Account Holder Signature _____ Date _____
<b>* ATTACH A VOIDED CHECK OR SAVINGS DEPOSIT SLIP FOR A NEW ENROLLMENT OR CHANGE IN BANK ACCOUNT ONLY</b>	

## Complete this section if you want donations to come from your CREDIT CARD

Please charge my donation to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover Card
Credit Card Number: _____ Name on Card: _____ Billing Address (if different from above): _____	Expiration Date: _____
<b>REQUIRED:</b> I authorize Thrivent Financial for Lutherans and Vanco Services, LLC to charge my credit card in accordance with the information above. This authority will remain in effect until I give reasonable notification to terminate the authorization.	
Signature (as it appears on the credit card) _____	Date _____

**\*\*\* REQUIRED \*\*\* MUST BE COMPLETED BY CONGREGATION**  
 Congregation Code: \_\_\_\_\_ Envelope Number \_\_\_\_\_ Verifier Initials \_\_\_\_\_